## DECLARATION FOR PATENT APPLICATION

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As a below-named inventor(s), I/we hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) is/are as stated below next to my/our name(s).

I/We believe I/we am/are the orbelow) or the original, first and journatter which is claimed, and for which A REAGENT SYSTEM AND METHOD FOR	oint inventors (if plur ich a patent is sought (	al names are listed below) of on the invention entitled:	the subje	ct
the specification of which: (check [ ] is attached hereto.	one)			
[X] was filed on 8 November	r 2004, as Serial No	PCT/US2004/037314_,		
and was amended on		(if applica	ble).	
We hereby state that we have specification, including the claims,	reviewed and understa , as amended by any ame	and the contents of the aboundment referred to above.	ve-identif	ied
We acknowledge the duty to disapplication as defined by 37 CFR § 3		n is material to the patentab	ility of t	his
We hereby claim foreign priori for patent or inventor's certifica application for patent or inventor's on which priority is claimed:	ate listed below, and	have also identified below	any fore	eign
Prior Foreign Applications:				
(Application No.)	(Country)	(Day/Month/Year Filed)	[ ] Yes	[ ]
(Application No.)	(Country)	/	[ ] Yes	[ ] No
		(Day/Month/Year Filed)	[ ]	[ ]
(Application No.)	(Country)	(Day/Month/Year Filed)	Yes	No
I/We hereby appoint the Practitione:	rs associated with the	following Customer Number:		
	Customer Number 2	20529		
Direct Telephone Calls to:		Send Correspondence to: NATH & ASSOCIATES, PLLC		

112 South West Street Alexandria, VA 22314 Gary M. Nath U.S.A. (202) 775-8383

We hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I/we acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(U.S.	Application Serial No.)	(U.S.	Filing Date)	(Statuspatented,	pending,	abandoned)
m.s.	Application Serial No.)	(U.S.	Filing Date)	 (Statuspatented,	pending,	abandoned)

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I/we hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

60/518,605 Application Number(s)

Country of Citizenship:

7 November 2003 Filing Date

We hereby declare that all statements made herein of my own knowledge are true and that all statements made

on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. ' 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or first inventor: Robert C. LEIF Inventor's Signature \_\_\_\_\_ \_\_\_\_\_ Date:\_\_\_\_ Residence: 5648 Toyon Road, San Diego, CA 92115 Country of Citizenship: United States of America Post Office Address: same as above Full name of second inventor: Sean YANG Date: Inventor's Signature \_ Residence: 11012 Delphinus Way, San Diego, CA 92126 Country of Citizenship: Unite Stes of America Post Office Address: \_\_\_ Full name of third inventor: Lidia VALLARINO Date: Inventor's Signature \_\_\_\_\_ Residence: Dept. of Chemistry, Virginia Commonwealth University, 1001 W. Main Street, Box 2006, Richmond, VA 23284-2006 Country of Citizenship: United States of America Post Office Address: \_same as above \_\_\_\_ Full name of fourth inventor: Inventor's Signature \_\_\_\_ \_\_\_\_\_Date:\_\_\_\_ Residence: Country of Citizenship: Post Office Address: \_\_\_\_ Full name of fifth inventor: \_\_\_\_\_\_ Date:\_\_\_\_ Inventor's Signature Country of Citizenship:\_\_\_\_ Post Office Address: Full name of sixth inventor: Inventor's Signature \_\_\_\_\_ Date:\_\_\_\_\_ Residence:\_\_\_